

Initial Information Data Sheet

Inventor Information:

Inventor One Given Name:	Roya
Family Name:	Borazjani
Mailing Address Line One:	149 Greystone Lane, Apt. 13
City:	Rochester
State or Province	New York
Postal or Zip Code:	14618
City of Residence:	Same
State or Prov. Of Residence:	Same
Country of Residence:	USA
Citizenship Country:	USA

Inventor Two Given Name:	Daniel M.
Family Name:	Ammon, Jr.
Mailing Address Line One:	179 Hurstbourne Road
City:	Rochester
State or Province	New York
Postal or Zip Code:	14609
City of Residence:	Same
State or Prov. Of Residence:	Same
Country of Residence:	USA
Citizenship Country:	USA

Inventor Three Given Name:	Joseph C.
Family Name:	Salamone
Mailing Address Line One:	8 Woodcliff Terrace
City:	Fairport
State or Province	New York
Postal or Zip Code:	14450
City of Residence:	Same
State or Prov. Of Residence:	Same
Country of Residence:	USA
Citizenship Country:	USA

Inventor Four Given Name:	Zhenze
Family Name:	Hu
Mailing Address Line One:	28 Wenham Lane
City:	Pittsford
State or Province	New York
Postal or Zip Code:	14534
City of Residence:	Same
State or Prov. Of Residence:	Same
Country of Residence:	USA
Citizenship Country:	USA

Inventor Five Given Name:	Dharmendra M.
Family Name:	Jani
Mailing Address Line One:	53 East Squire Drive, #6
City:	Rochester
State or Province	New York
Postal or Zip Code:	14623
City of Residence:	Same
State or Prov. Of Residence:	Same
Country of Residence:	USA
Citizenship Country:	USA

Correspondence Information:

Correspondence Customer Number:	23702
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Application Information:

Title Line One:	Bacterial Attachment Reduction to Biomaterials and Biomedical Devices
Total Drawing Sheets:	
Suggested Dwg. Figure for Pub.:	
Docket Number:	P03191
Application Type:	Regular

Representative Information:

Registration Number:	34,070
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Domestic Priority Information

This is a continuing application of	
One:	
Filing Date:	
which is a continuing appln. of:	
Two:	
Filing Date:	
Related Provisional Application:	60/414,958 filed September 30, 2002

Foreign Application Information

Foreign Application One:	
Filing Date:	
Country:	
Priority Claimed: [Yes/No]	

Assignee Information:

Name of Assignee:	Bausch & Lomb Incorporated
Address Line One:	One Bausch & Lomb Place
City:	Rochester
State or Province:	New York
Country:	USA
Postal or Zip Code:	14604